FOOD SAFETY EVALUATION REPORT

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>FROZEN DEW AND SWEETS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUSINESS PHONE:</td>
<td>(559) 572-8678</td>
</tr>
<tr>
<td>RECORD ID#:</td>
<td>PR00099919</td>
</tr>
<tr>
<td>DATE:</td>
<td>September 13, 2022</td>
</tr>
<tr>
<td>FACILITY SITE ADDRESS:</td>
<td>1675 W LACEY BLVD F7A</td>
</tr>
<tr>
<td>CITY:</td>
<td>HANFORD</td>
</tr>
<tr>
<td>ZIP CODE:</td>
<td>93230</td>
</tr>
<tr>
<td>INSPECTION TYPE:</td>
<td>ROUTINE INSPECTION</td>
</tr>
<tr>
<td>OWNER NAME:</td>
<td>NICLAS &amp; NENITA SANTUANGCO</td>
</tr>
<tr>
<td>CERTIFIED FOOD MANAGER:</td>
<td>Antonia Banales</td>
</tr>
<tr>
<td>EXP DATE:</td>
<td>1/19/2023</td>
</tr>
<tr>
<td>INSPECTOR:</td>
<td>Evelyn Elizalde</td>
</tr>
</tbody>
</table>

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation. One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT

[HSC 114161-114182 & 114257]

Description/Corrective Action: Observed debris build up on floors throughout the dry storage area and three compartment sink. Please maintain clean to prevent vermin infestation.

General Comments:

The following was observed during today's inspection:

- Hand wash station had hot water, paper towels and soap.
- Observed small CO2 tanks to be chained and secure.
- Three compartment sink had hot water at 120 F.
- Observed nacho cheese temperature at warmer to be above 135 F.
- All food in dry storage area was above 6 inches above ground level.

RESULTS OF EVALUATION: [X] PASS [ ] NEEDS IMPROVEMENT [ ] FAIL

Reinspection Required: [ ] Yes: [ ] No: [X]  
Reinspection Date (on or after): N/A  
Potential Food Safety All Star: [ ]

Received By: [Signature]  
Agency Representative: Evelyn Elizalde

NOTE: This report must be made available to the public on request
FOOD SAFETY EVALUATION REPORT

FACILITY NAME: FROZEN DEW AND SWEETS
BUSINESS PHONE: (559) 572-8678
RECORD ID#: PR0009919
DATE: February 11, 2021

FACILITY SITE ADDRESS: 1675 W LACEY BLVD F7A
CITY: HANFORD
ZIP CODE: 93230
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: NICOLAS & NENITA SANTUANGCO
CERTIFIED FOOD MANAGER: Jovi C Santuangco
EXP DATE: 8/3/2021
INSPECTOR: Liliana Stransky - REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation. One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: IMPROPER REHEATING PROCEDURES FOR HOT HOLDING [
HSC 114016]
Description/Corrective Action: Reheat chili and cheese in the microwave to 165F before placing these items in the warmer unit. Do not use the warmer for reheating food.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT
[HSC 114161-114182 & 114257]
Description/Corrective Action: Clean all work surfaces, counters, equipment and the mildew inside the ice machine. Keep work areas free of food debris. Fruit flies were present in the facility as a sign that deep cleaning and disinfection are needed. Cleaning steps should be done daily.

General Comments:

ROUTINE INSPECTION-
* Observed refrigeration temperatures below 41F.
* The hand washing station had soap, paper towels and hot water.

Correct the noted violations in a timely manner and keep all work areas clean.

Single operator was observed wearing face mask and shields are in place over the counters to limit customer contact. Thank you for continuing to follow the state guidelines during the pandemic.

RESULTS OF EVALUATION: ☐ PASS ☑ NEEDS IMPROVEMENT ☐ FAIL
Reinspection Required: ☑ Yes: ☐ No: ☑
Reinspection Date (on or after): N/A
☐ Potential Food Safety All Star:

[Signature]
Received By: Liliana Stransky - REHS
Agency Representative

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<td>FROZEN DEW AND SWEETS</td>
<td>(559) 572-8678</td>
<td>PR0009919</td>
<td>February 08, 2019</td>
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<td>Jovi C Santuangco</td>
<td>8/3/2021</td>
<td>Liliana Stransky - REHS</td>
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The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation. One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: None Noted

General Comments:

Routine inspection -

* Refrigeration units were noted below 41F.

* The hand washing station had soap, paper towels and hot water available.

* Observed no food preparation during the inspection.

* Restroom facilities are maintained by mall staff.

Thank you.

RESULTS OF EVALUATION: [ ] PASS  [ ] NEEDS IMPROVEMENT  [ ] FAIL

Reinspection Required: [ ] Yes: [ ] No: [X]

Reinspection Date (on or after): N/A

[ ] Potential Food Safety All Star:

Received By: [Signature]

Liliana Stransky - REHS

Agency Representative

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